**2019 Legislative Session Report**

**Monday April 29, 2019 | Week 8**

Legislators wasted no time as we began the last week of the 2019 Legislative Session – passing a number of priority health care bills. The following bills have cleared both chambers and are heading to the Governor for his consideration:

**HB 843 - Patient Access to Primary Care and Specialist Providers**

* Requires hospitals to provide a discharge summary and any related information and records to a patient’s primary care provider within 14 days of the patient’s discharge;
* Requires hospitals, within 24 hours of the patient being stabilized or at the time of discharge, whichever comes first, written information (report card) concerning facility quality.  Reported items include: rate of hospital-acquired infections, Hospital Consumer Assessment of Healthcare Providers and Systems survey, and 15-day readmission rate;
* Allows a patient to stay in an ASC for 24 hours;
* Modifies the composition and duties of the Pediatric Cardiac Technical Advisory Panel;
* Requires hospitals provide patients written notice of their observation status immediately when patients are placed upon observation status.
* Requires Medicare patients receive the notice through the Medicare Outpatient Observation Notice form and non-Medicare patients through a form adopted by rule of the Agency for Health Care Administration.
* Provides that a restrictive covenant entered into with a physician who practices a medical specialty (in a county where one entity employs or contracts with all physicians who practice that specialty in that county) is not supported by a legitimate business interest, and is void and unenforceable;
* Requires that a restrictive covenant remains void and unenforceable until 3 years after the date on which a second entity that employs or contracts with one or more physicians who practice that specialty begins serving patients in the county;
* Amends Section 624.27, F.S., which currently allows individuals to contract directly with certain health care providers outside the scope of insurance, but only for primary care services. The bill removes this limitation and expands the scope of these agreements to allow direct health care agreements;
* Provides that a health maintenance organization through an individual or group contract may not require a step-therapy protocol under the contract for a covered prescription drug requested by a subscriber if:  the subscriber has previously been approved through the completion of a step-therapy protocol required by a separate health coverage plan and the subscriber provides documentation.
* Clarifies step-therapy protocols such that an insurer or HMO is not required to add a drug to its prescription drug formulary or to cover a prescription drug that the insurer or HMO does not otherwise cover;
* Requires the Office of Program Policy Analysis and Government Accountability to perform a comparative analysis of the Interstate Medical License Compact and Florida law, and submit a report to the Governor and Legislature;
* Creates the Dental Student Loan Repayment Program and the Donated Dental Services Program within the DOH, and conditions the implementation of each program upon legislative appropriation.

**HB 23 - Telehealth**

The bill authorizes Florida licensed health care professionals to use telehealth to deliver health care services within their respective scopes of practice. The bill also authorizes out-of-state health care professionals to use telehealth to deliver health care services to Florida patients if they register with the Department of Health (DOH) or the applicable board, meet certain eligibility requirements, and pay a fee. A registered telehealth provider may use telehealth, within the relevant scope of practice established by Florida law and rule, to provide health care services to Florida patients, but is prohibited from opening an office in Florida and from providing in-person health care services to patients located in Florida.

The bill provides an exception to registration requirements for practitioners responding to an emergency medical condition as defined in 395.002.

The bill also establishes standards of practice for services provided using telehealth, including patient examination, record-keeping, and a prohibition on prescribing controlled substances for chronic malignant pain.

**HB 19 - Prescription Drug Importation Programs**

HB 19 establishes two programs to import federal Food and Drug Administration (FDA) approved prescription drugs into the state - Canadian Prescription-Drug Importation Program (CPDI Program) and the International Prescription Drug Importation Program (IPDI Program). The Agency for Health Care Administration to establish the CPDI Program for the importation of safe and effective prescription drugs from Canada, which have the highest potential for cost savings to the state. The Department of Business and Professional Regulation is directed to establish the IPDI Program for the safe and effective importation of prescription drugs from foreign nation. Such nations must have current mutual recognition agreements, cooperation agreements, memoranda of understanding, or other federal mechanisms recognizing adherence to current good manufacturing practices for pharmaceutical products with the United States.

Both programs establish eligibility criteria for the types of prescription drugs which may be imported and the entities that may export or import prescription drugs. The bill also outlines the importation process, safety standards, drug distribution requirements, and penalties for violations of program requirements.

* Drugs must meet the United States Food and Drug Administration's standards related to safety, effectiveness, misbranding, and adulteration;
* Drugs must comply with federal and state track-and-trace laws and regulations;
* Importing the drug would not violate federal patent laws;
* Importing the drug is expected to generate cost avings; and
* The drug is not: a controlled substance as defined in 21 U.S.C. s. 802; a biological product as defined in 42 U.S.C. s. 262; an infused drug; an intravenously injected drug; a drug that is inhaled during surgery; or a drug that is a parenteral drug, the importation of which is determined by the United States Secretary of Health and Human Services to pose a threat to the public health.

The bill requires both programs to seek federal approval or cooperation prior to importing prescription drugs.

**HB 21 - Hospital Licensure**

* Repeals CON for general hospitals and tertiary hospital services effective July 1, 2019;
* Maintains existing ban that a hospital may not be licensed if it restricts its medical and surgical services to primarily or exclusively cardiac, orthopedic, surgical, or oncology specialties;
* Maintains CON review for hospices, nursing homes and intermediate care facilities for the developmentally disabled;
* Requires the Office of Program Policy Analysis and Government Accountability shall review federal requirements and other states' licensure statutes and rules governing the provision of tertiary health services;

**HB 107 - Wireless Communications While Driving**

* Revises current enforcement of the ban from a secondary offense to a primary offense, which will allow a law enforcement officer to stop a vehicle solely for texting while driving;
* Maintains the current exceptions to the texting ban and maintains that the texting ban does not apply to a stationary motor vehicle;
* Requires a law enforcement officer who detains a motor vehicle operator for texting while driving to inform the operator that he or she has a right to decline a search of his or her wireless communications device;
* Prohibits a law enforcement officer from accessing the wireless communications device without a warrant, confiscating the device while waiting for the issuance of a warrant, or using coercion or other improper method to convince the operator to provide access to such device without a warrant;
* Provides for a hands-free ban within school zones and work zones;
* Provides a transition period to the end of 2019 in which only warnings will be issued.  Citations will be issued beginning in 2020;
* Establishes a public information and awareness campaign.